

## Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X6060

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements.

The time limit for correction of each violation is specified in the narrative portion of this report.

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Establishment Name				Telephone Number	Date of Inspectio (mm/dd/yr)	n PERMIT#	
Plyds Kubs Commity Cuter					1-6-1-	10 112	
Establishment Address (number and street, city, state, zip code)					5/28/19	19-112	
4032 Weber La Plyts Kebs, IN 47119				582 - 574 -9101	<u>'</u>	21 2	
Owner 2 6 1 6 1				Purpose:	Follow-up Release Date		
Ployd Long Little longe / Att: Bod Scilufolm				1. Routine	No 10 days		
				2. Follow-up	Summary of Violations:		
205 Crescut Lop New Alban, W 47150 Person in Charge				3. Complaint	$C \bigcirc NC \bigcirc R \bigcirc R$		
Jake Zollinger				4. Pre-Operational	CX NCZ ROX		
Responsible Person's E-mail				5. Temporary	Menu Type (See back of page)		
				6. HACCP		)	
Certified Food Manager				7. Other (list)	$1 \times 2$	3 <u>4</u> 5:	
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• CRITICA	LITEMS ARE	IDENTIFIED IN THE CHECKLIST AND NAI	RRATIVE COLUMNS I	MARKED "C"			
		TED FROM PREVIOUS INSPECTIONS ARE I			ND IN THE NARR	ATIVE RELOW AS "R"	
		,	Narrative	THE PROPERTY OF THE PARTY OF TH		Be Corrected By	
Section#	1	R		. / .			
351	NC Observed womi's restrant lacking a covered frash can I week					weck	
416 MC Observed send longs in propolight shields / week						week	
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-		6.4.1 1.1.3-	مادد				
<u> </u>		Facility only has 3-c	SAMPE SITTE				
	+			, , , , , , , ,		<del></del>	
	- distes should be soved until and of shift						
		with middle sink	being used	as dedicated h	and cit	<u> </u>	
				<u> </u>		<u> </u>	
	1		• •		·		
- use of a plastic tob can be added into							
-		•	4	<u> </u>			
		3-comp wash, r	insu, swite	u yu		<del>-1</del>	
						<u> </u>	
			1.			•	
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Received l	y (name and	itle printed):		Inspected by (name and title	printed):	<del></del>	
Tak	e Zoll			4 \		EHS)	
Descional	- 20 II	11/0		Inspected by (signature):	19°m1 (c	2/13/	
A C	by (signature):			inspected by (signature).	64	•	
John	Tole	<del></del>	<u> </u>		- W	<u> </u>	
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